ACORD, CERTIFIC	CATE OF LIABIL	ITY INS	URANCI		DATE (MM/DD/YYYY) 10/10/2008				
Liberty Mutual Insurance Company Financial Plaza II 6800 College Boulevard, Suite 700 Overland Park, KS 66211-1547			TIFICATE IS ISS ID CONFERS N THIS CERTIFIC	GUED AS A MATTER OF RIGHTS UPON TO ATE DOES NOT AME AFFORDED BY THE F	OF INFORMATION HE CERTIFICATE END. EXTEND OR				
			INSURERS AFFORDING COVERAGE						
-			INSURER A: Liberty Mutual Fire Insurance Company						
2001 Bryan St., Suite 100			INSURER B: INSURER C:						
			INSURER D:						
			INSURER E:						
COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH									
POLICIES, AGGREGATE LIMITS SHOWN MA	POLICY NUMBER	POLICY EFFECTIVE DATE (MWDD/YY)							
LTR INSRD TYPE OF INSURANCE GENERAL LIABILITY	FOLICT NUMBER	DATE (MWDD/YY)	DATE (MM/DD/YY)	EACH OCCUPRENCE	s 1,000,000				
A XCOMMERCIAL GENERAL LIABILITY	TB2-141-433035-217	12/1/07	12/1/08	DAMAGE TO RENTED PREMISES (Ea occurence)	s 1.000.000				
CLAIMS MADE X OCCUR				MED EXP (Any one person)	s 5,000				
				PERSONAL & ADV INJURY	\$ 1,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER:			****	GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$ 2,000,000				
POLICY X JECT LOC					2,000,000				
AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	s				
ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Perperson)	\$				
HIRED AUTOS NON-OWNED AUTOS			The state of the s	BODILY INJURY (Per accident)	s				
				PROPERTY DAMAGE (Per accident)	S .				
GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	\$				
				OTHER THAN EA ACC AUTO ONLY: AGG					
EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	S				
OCCUR CLAIMS MADE				AGGREGATE	s				
DEDUCTIBLE					s				
AETENTION S					s				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WA2-14D-433035-668	1/1/08	1/1/09	X WC STATU- OTH-					
A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	WA Policy deductible endorsen occurrence/claims (disease) with			E.L. EACH ACCIDENT	\$ 500,000				
If yes, describe under SPECIAL PROVISIONS below	will (may) advance payment of t	i trie provision trial he deductible amo	Liberty Motual Junt	E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	s 500,000				
OTHER				E.L. DISEASE - POLICY LIMIT	5				
7									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE									
HNTB Job 47343; Shawnee Sports Complex – Renovation. Additional Insured: The City of Frisco, Texas, its officers, agents, representatives and employees as respects general liability, subject to the terms and conditions of the policy, and, where required by written contract, shall be considered primary insurance as respects the Additional insured, and any other insurance or self-insurance maintained by the Additional Insured shall be excess of this insurance and shall not contribute with lt. Waiver of subrogation in favor of The City of Frisco, Texas as respects general liability, subject to the terms and conditions of the policy.									
CERTIFICATE HOLDER CANCELLATION									
			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION						
The Other Friend Towns			DATE THEREOF, THE ISSUING INSURER WILL ENDEWWERKE MAIL 60 DAYS WRITTEN						
6101 Frisco Square Blvd. Frisco TX 75034			NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUXPAINLINEUM OCOSE SHALX						
			HONOROUS NUMBERS AND DESCRIPTION DESCRIPTION DESCRIPTION SOURS SOURCE DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DE LA CONTROLLA DE LA CONTRO						
		AUTHORIZED REPRESENTATIVE							
ACORD 25 (2001/08)	····	<u> </u>		al /1/3					
MCOND 23 (200 1/00)				© ACORD C	ORPORATION 1988				

 							
<u>ACORD</u> CERTIFIC	ATE OF LIABIL	ITY INSU	IRANCE		DATE (MM/DD/YYYY) 10/10/2008		
PRODUCER Lockton Companies 444 W. 47 th Street, Suite 90 Kansas City, MO 64112-190	ONLY AND HOLDER, T	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
(816) 960-9000	INSURERS A	INSURERS AFFORDING COVERAGE					
INSURED	INSURER A:	INSURER A: Lexington Insurance Company					
HNTB Corporation	INSURER 8:	INSURER B:					
2001 Bryan St., Suite 100		INSURER C:					
Dallas, TX 75201	 	INSURER D:					
Dundo, TV 70201		INSURER E:					
COVERAGES		1 11 12 12 12 12 12 12 12 12 12 12 12 12			·		
THE POLICIES OF INSURANCE LISTED BELOW HAY ANY REQUIREMENT, TERM OR CONDITION OF ANY MAY PERTAIN, THE INSURANCE AFFORDED BY TH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE	Y CONTRACT OR OTHER DOCUMENT WI IE POLICIES DESCRIBED HEREIN IS SUB.	TH RESPECT TO WHICH JECT TO ALL THE TERM	H THIS CERTIFICATE M 4S. EXCLUSIONS AND (AY BE ISSUED OR			
INSK ADD'U LTR INSKO TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	rs		
GENERAL LIABILITY				EACH OCCURRENCE	\$ XXXXXXXXXX		
COMMERCIAL GENERAL LIABILITY	NOT APPLICABLE		ł	PREMISES (Ea occurence)	3 XXXXXXXXXX		
CLAIMS MADE DCCUR			1	MED EXP (Any one person)	s XXXXXXXXXXX		
			i	PERSONAL & ADV INJURY	z XXXXXXXXXX		
				GENERAL AGGREGATE	s XXXXXXXXXXX		
GEN'L AGGREGATE LIMIT APPLIES PER			İ	PRODUCTS - COMP/OP AGG	5 XXXXXXXXXXX		
POLICY PRO-			ĺ	FRODUCTS - CUMP/UP AGG	13 2222222		
AUTOMOBILE LIABILITY ANY AUTO	NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident)	3 XXXXXXXXXX		
ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s XXXXXXXXXX		
HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	s XXXXXXXXXX		
				PROPERTY DAMAGE (Per accident)	5 XXXXXXXXXX		
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	S XXXXXXXXXX		
OTUA YMA	NOT APPLICABLE			OTHER THAN EA ACC	s XXXXXXXXXX		
				AUTO ONLY: AGG	S XXXXXXXXXX		
EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	5 XXXXXXXXXX		
OCCUR CLAIMS MADE	NOT APPLICABLE			AGGREGATE	s XXXXXXXXXXX		
					S XXXXXXXXXX		
DEDUCTIBLE		!			š		
RETENTION S			j	1-11	s		
WORKERS COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER			
EMPLOYERS' LIABILITY	NOT APPLICABLE		ŀ	TORY LIMITS ER	s XXXXXXXXXXX		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	i		
If yes, describe under SPECIAL PROVISIONS below			<u> </u>	***************************************			
OTHER				E.L. DISEASE - POLICY LIMIT	XXXXXXXXXX		
A PROFESSIONAL LIABILITY	1205866	5/1/08	5/1/09	\$2,000,000 per cla annual aggregate f			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES / EXCLUSIONS ADDED BY ENDORSE	MENT / SPECIAL PROV	risions				
HNTB Job 47343; Shawnee Sports	Complex Renovation						
SECTION ATT LIST SEE				<u> </u>			
			CANCELLATION				
The City of Frisco, Texas 6101 Frisco Square Blvd.	DATE THEREOF,	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL WINDENDE TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, SIX XXIXXXXXXXXXXX					
Frisco, TX 75034	YEERESENTATIS	**************************************					
	Colon	Con hoster					

ACORD 25 (2001/08)